

IOWA BOARD OF NURSING

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In RE: Petition for	)	Declaratory Ruling No. 91
Declaratory Ruling Filed By:	)	
Laura Haugen, R.N.	)	RNs Who Specialize in Wound
February 4, 1997	)	Care Performing Sharp Debride-
	)	ment of Dermal Wounds at the
	)	Bedside

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A petition for declaratory ruling was filed with the Iowa Board of Nursing by Laura Haugen, R.N., Iowa Veteran's Home, Marshalltown, Iowa, on February 4, 1997.

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision, or order of the agency" pursuant to 1997 Iowa Code § 17A.9. See also 655 IAC 9.

The question presented to the board is:

In the care of pressure ulcers and other chronic wounds, may the registered nurse perform conservative sharp debridement at the bedside to remove devitalized tissue from the wound bed?

Facts leading to this request are as follows:

In March of 1991, the board reviewed a question regarding sharp debridement of dermal wounds and pressure sores. The board determined that sharp debridement of dermal wounds/ulcers is within the scope of practice of a registered nurse who is trained in enterostomal therapy and who has had additional training in this procedure by a physician or nurse who is qualified to perform sharp debridement.

In September 1996, the board issued an opinion that it is

within the scope of practice of an individual registered nurse, who has advanced competency in the area of treatment of pressure ulcers and who received training by a dermatologist, to perform punch biopsy procedures.

Additional facts are as follows:

Registered nurses play a key role in the prevention and management of pressure ulcers and other chronic wounds. The incidence of pressure ulcers is high, especially among certain high-risk groups which include the elderly population. One source reports the prevalence of pressure ulcers in skilled care facilities and nursing homes to be as high as 23 percent. Many nurses who work in long-term care are responsible for initiating preventative measures and the delivery of care when pressure ulcers occur.

Initial care of pressure ulcers involves debridement. Moist, devitalized tissue supports the growth of pathological organisms. Epithelialization and granulation will not occur in an ulcer when necrotic tissue is present, making debridement necessary. Necrotic tissue needs to be debrided from a wound as soon as possible, as it delays healing and favors bacterial growth. Conservative sharp debridement is the most rapid technique, and is an effective means to quickly rid an ulcer of devitalized tissue. Small wounds can be debrided at the bedside, whereas extensive wounds are usually debrided in the operating room or a specialty room. Often in the long-term care setting, the physician is not present or available when the need for wound

debridement arises. At times, a registered nurse, who is also an enterostomal therapist, is not available.

The Wound, Ostomy and Continence Nurses Society (WOCN) is an organization of specialty nurses. The WOCN has published its official position statement for conservative sharp wound debridement for registered nurses. This statement specifies that the enterostomal therapy nurse and the nurse specializing in wound care are prepared to perform conservative sharp wound debridement when they have satisfactorily completed didactic and clinical instruction in the sharp debridement procedure from an accredited ETNEP, wound management specialty course, or a CE-approved course in debridement. Nurses are also directed to confirm that their State Nurse Practice Act recognizes debridement to be within the domain of nursing.

#### Rationale:

Prevention and treatment of pressure ulcers is a recognized responsibility of the registered nurse. Nurses, as frontline providers and managers of care, can positively influence the outcome for individuals who are at risk for pressure ulcers. Since the fastest way to remove dead tissue from a wound is sharp wound debridement, patients who need this care would benefit by receiving this care from a registered nurse who specializes in wound care and who has been taught to perform this procedure by a physician or nurse who is qualified to perform sharp debridement.

Therefore, the board finds it to be within the scope of

practice of the registered nurse, who specializes in wound care, to perform conservative sharp wound debridement of small dermal wounds at the bedside, if the nurse has had special training in the performance of this skill and has been taught to perform this procedure by a physician or nurse who is qualified to perform sharp debridement. The following limitations apply:

1. The registered nurse has completed an appropriate education program including theory and psychomotor techniques.

2. The registered nurse has been taught to perform this procedure by a physician or nurse who is qualified to perform sharp debridement.

3. The competency of the registered nurse is verified, and documentation of competency is contained in the personnel file of the registered nurse.

4. The institution has a written policy and a detailed procedure identifying that it is acceptable practice in the facility.

5. The procedure has been prescribed by the physician by a verbal or written order.

Nancy E. Knutstrom  
Nancy E. Knutstrom, R.N., M.S., Ed.  
Chairperson  
Iowa Board of Nursing

March 6, 1997  
Date

Lorinda K. Inman  
Lorinda K. Inman, R.N., M.S.N.  
Executive Director  
Iowa Board of Nursing

March 6, 1997  
Date